



Health *POWER!*

Prevention News

Veterans Health Administration

September 2004



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NCP Mission Statement

The VA National Center for Health Promotion/Disease Prevention (NCP) is the central resource for "All Things Prevention", to include: prevention information, prevention education and training, prevention research, and prevention recommendations for the VHA. The Center facilitates the improvement and availability of prevention services in order to reduce illness, death, disability, and cost to society resulting from preventable diseases.

What's on NCP's Calendar

Calendar of Events

Past

- * NCP Prevention Coordinator Training Course, May 10-14, 2004, in Lansdowne, Virginia.
- * National Public Health Week, May 10-15, 2004
- * Best Practices In Mental Health, June 24, 2004, in Boston, Massachusetts. Poster presentation entitled, "Managing Overweight and Obesity in Veterans Everywhere – the MOVE! Pilot Study." Poster presented by Dr. Kristy Straits-Troster.
- * Best Practices in Mental Health, June 25, 2004, in Boston, Massachusetts. Keynote speech delivered by Director, NCP.
- * VA/Indian Health Services Prevention Collaboration, July 21-22, 2004 in Albuquerque, New Mexico. Ongoing initiative co-chaired by Dr. Frances Murphy. US Preventive Service Task Force, July 26-27, 2004. NCP will serve as VA liaison.
- * NCP Wellness Advisory Team Conference Call, July 27, 2004.
- * MOVE! Presentation and NCP Moderation of VHA sessions, DOD Force Health Protection Conference, Albuquerque, New Mexico, August 9, 2004.
- * Surgeon General's Call to Action on Corrections and Community Health Initiative, August 10, 2004. NCP as VA prevention representative.
- * Release of 2004-2005 Influenza/Pneumococcal Toolkit, August 20, 2004.
- * NCP/VISN 8 MOVE! Coordination Meeting, August 30-31, 2004.
- * Hepatitis C Resource Centers/NCP Coordinated a Mini-Summit on Alcohol Reduction Interventions and Hepatitis C, San Francisco, CA, September 13-14, 2004
- * NCP attendance at the "VA in the Vanguard: Building on Success in Smoking Cessation" — San Francisco, CA, September 20-21, 2004.
- * NCP attendance at Indian Health Services Summit.
- * NCP attendance at the National Clinical Practice Guideline Council Meeting, September 28, 2004.
- * Release of Flu Directive—September 29, 2004.
- * NCP presented poster at the American Dietetics Association Food and Nutrition Conference and Expo, October 3, 2004.

Future

- * VA Prevention Speech at VA Physician Assistant Association, October 11, 2004.
- * National Bone and Joint Decade Week, October 12-20, 2004.
- * National VA Weight Management Executive Council Meeting, Chapel Hill, NC, October 13-14, 2004.
- * Present Executive Decision Memorandum Regarding Self-Help Books at Health Systems Committee, October 19, 2004.
- * Task Force on Community Preventive Services—Atlanta, GA, October 20-21, 2004.
- * "Steps to a Healthier Workforce 2004" – NIOSH Employee Wellness Conference, October 26-28, 2004. Two NCP posters.
- * VISN 8 Primary Care Conference - MOVE! Presentation, November 1-2, 2004.
- * QMIC Presentation, November 3, 2004.
- * National "Veterans on the MOVE," Veterans' Day Activity, November 5, 2004.
- * Veterans Day 4K run—Northport VA Medical Center, November 13, 2004.
- * AMSUS Meeting, November 14-19, 2004. NCP exhibit.
- * NCP presents MOVE!- the VA's Answer to the Obesity Epidemic—NAASO, November 16, 2004
- * VATV Steering Committee. NCP membership and participation.

From the Director's Desk...

Dealing with REAL PEOPLE: "Weight is like the weather; everyone talks about it, but..."

Yikes!! Who said that!!!?? ME? Whooooa, that would be a pretty pessimistic attitude to come from NCP, but then, *waaay-da-minit*, there IS a way that this DOES apply. "Weight is like the weather; everyone talks about it, but there isn't much that's done about it ...or, there's very little that can be done about it ...or, there's very little that *is lasting* that can be done about it." Yeah, one of those ramifications is probably applicable to "real people".

We KNOW weight management is tough. How else could such a condition become a multi-billion dollar chronic industry just within the past few decades, especially in the face of so much scientific evidence, as well as substantiation by plain-old observation. Without strict routines involving fairly rigid lifestyle changes, the recidivism and gradual increase in weight as one ages might as well be considered inevitable. Evidence? It's there, but I don't care – just look around you, or check your own self, like I do. Does this inevitability encourage resignation and acceptance of the problem? No! Excess weight is associated with almost two dozen disease processes, and it would take quite a bit of spin to make that appear acceptable.

VA readers should remember the attitude of the VA *MOVE!* program (Managing Overweight/Obesity for Veterans Everywhere): we don't want Hollywood models; we don't

want "gym rats"; we don't care if you don't fit in your high school prom dress; we don't care if you don't get back down to fighting weight and shape. We want Real People, and we want to make an impact on the health of Real People, living in a Real World! ***Real Life is the ONLY outcome that is significant!***

Do-able programs, with achievable, realistic goals, means: watch what you eat; eat sensibly; lose 5-10 pounds if you need to lose weight; be active walking, climbing stairs, moving around – AS MUCH OF THE TIME AS POSSIBLE, without being miserable, restricted, or unhappy.

However, don't take these words and expand the intended scope to imply that Yevich says to *fug-getta-bowd-it* because weight management just doesn't fit into a lifestyle.

Remember these two things.

1. I don't want to hear your excuses about weight and physical activity. You got a football injury? Find a way around it. You don't have money? Find a way to be active without belonging to a gym (and maybe also save money by cutting food expenses.) Find a way to increase your activity and/or decrease your intake. No excuses!
2. Remember, only YOU are responsible for your own health. Most diseases do not have magic cures. You acquire chronic pathology due to chronic risky behavior, and having expectations of Medicine to

pull you from the brink is another extreme risk. ... And your patients? As VA healthcare workers, you have to help our vets learn how to take responsibility for their health. Give them the tools and confidence to lose weight and be more active. Educate them in the health consequences of chronic disease, the decreased Quality of Life, the agony for self and family of being ill. Remember, YOU are the ones who have seen these consequences, so that you know the outcomes of being overweight and inactive are not myths, but likely probabilities!! Give your patients this advantage.

It's never too late, but NOW is not too soon. Watch your weight; be more active.

Change the weather!




Steven J. Yevich, MD, MPH
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From the Chief of Staff...



VA Presents at the Force Health Protection Conference

The Department of Defense (DOD) held their annual prevention conference in Albuquerque, August 9-13th, 2004. The Force Health Protection (FHP) conference focuses attention on strategies to protect the health and well-being of active duty military personnel and is attended by several hundreds of active duty personnel. This year, the VA National Center for Health Promotion and Disease Prevention (NCP) hosted a full afternoon session for the DOD on August 9th.



Dr. Michael Kussman

The VA session featured Dr. Michael Kussman, the VA's Acting Deputy Undersecretary for Health. Dr. Kussman discussed the progress towards a seamless transition from military medical care to veteran status and the receipt of VA medical care. He presented an overview of VA medical care, and discussed some of the challenges faced by VA. He also pointed out the distinct similarity between the missions of

military and VA medicine, and detailed the numerous sharing and coordination efforts between the DOD and the VA.

Dr Harold Kudler, Acting Chief Medical Officer, VISN 6, discussed issues related to Post Traumatic Stress Disorder (PTSD) among veterans and particularly among those returning from recent deployments in Afghanistan and Iraq. He addressed the recently released VA/DOD Management of Traumatic Stress Clinical Practice Guidelines and efforts to increase

accessibility of care across VA and DOD. PTSD is a frequently disabling sequel to any combat duty, and appears to be a significant problem for those returning from the mid-eastern conflicts.



Dr. Scott Sherman

Dr. Scott Sherman from VA and Dr. (Col.) Wayne Talcott were co-chairs of the Committee that produced the 2003 revision (recently approved) of the 1999 VA/DOD Tobacco Use Cessation



Col. Wayne Talcott

Clinical Practice Guidelines and they discussed the content of the guidelines. Major changes included emphasis upon a public health approach with stepped care beginning in primary care settings, universal use of pharmaceutical aids, and primary prevention of tobacco use. The goal is to make access to tobacco treatment as easy as purchasing tobacco.

Dr. Richard Harvey from VA NCP provided an overview of the VA *MOVE!* weight management and physical activity program. *MOVE!* is a standardized public health approach to weight control and physical activity being developed for the VA by the NCP and currently being piloted in 17 VA sites. It is partially computer-based, features stepped care, is comprehensive, and is conducted in ambulatory care settings. Dr. (Col.) Joyce Grissom, Medical Director of Tricare Medical Activity, presented the DOD plans for dealing with overweight and obesity among active duty personnel and their dependents. An Integrated Project Team involving all military branches and the VA is currently developing this comprehensive plan, which addresses not only medical care, but environmental modifications as well.



Drs. Richard Harvey, Mary Burdick and Harold Kudler

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Influenza Vaccine Update

One of two manufacturers of inactivated influenza vaccine (Chiron) has had its license suspended for 3 months, reducing by half the available flu vaccine supply for the U.S. for the 2004-05 season. This was announced on October 5, 2004, just as VA flu campaigns were being implemented, and after all of the NCP's Influenza/Pneumococcal toolkits had been disseminated to the field. Although VA has contracted with the other source of inactivated flu vaccine (Aventis Pasteur), and has already received 21% of its total order as scheduled for rolling delivery, it is possible that the Chiron announcement could impact VA health care. You can count on a series of VA Influenza Vaccine Advisory announcements to become available as the season proceeds. The NCP website will post these documents and links to helpful information as they become available in the "What's New?" section of our homepage. As of October 8th, you will find the newly released VHA Directive 2004-05, "Influenza Vaccine Recommendations for 2004-05", and watch for the first "VA Influenza Vaccine Advisory #1" to also be posted at <http://www.vaprevention.com>.

In view of this national shortfall in influenza vaccine supply, the CDC has issued a Health Advisory with interim recommendations for new priority groups for vaccination, and VA has recommended following CDC's guidance by offering influenza vaccination only to the highest priority patients and employees:

- **Patients aged 65 years and older**
- **Patients less than 64 years old with underlying chronic medical conditions**
- **Women who will be pregnant during the 2004-2005 flu season**
- **Residents of nursing homes and long-term care facilities**
- **Health care workers *involved in direct patient care***

All members of VA are reminded to use good public health practices during this cold and flu season. Specifically, wash hands frequently with alcohol-based hand rubs or soap and water, cover coughs and sneezes with tissues and discard them, stay home when you are sick with respiratory symptoms—or as a newly launched VA education campaign says: "Infection: Don't Pass It On!".

Resources on influenza vaccination and prevention are available for VA use at:

- Centers for Disease Control and Prevention (CDC) Web site <http://www.cdc.gov/flu/>, including the 10/5/04 CDC interim guidelines
- VA's public health campaign "Infection: Don't Pass It On" <http://www.publichealth.va.gov/infectiondontpassiton/> or on the VA Intranet <http://vaww.vhaco.va.gov/phshcg/infectiondontpassiton/>
- VA National Center for Health Promotion and Disease Prevention (NCP), including VA's 2004-05 Influenza/Pneumococcal Toolkit and list of flu vaccination campaign coordinators: <http://www.vaprevention.com>



Cartoon reprinted with permission from Cagle Cartoons, Inc.

Ever Wondered Why We Do The Things We Do?

Brad Myers, MPH, Dissemination Coordinator

Community Guide Branch, Centers for Disease Control and Prevention

Here's a familiar scenario for many of us. We tell someone they need to do something. "Why", is the response. While "because I said so" is a tempting rejoinder, what we really need is back-up. Facts. Evidence. Something like the *Guide to Community Preventive Services* (Community Guide). Why? I'm getting to that.



for whom, how well, and in what settings with regard to population-based interventions such as programs, policies, and environmental changes. Led by the independent Task Force on Community Preventive Services and supported by staff at CDC, the Community Guide employs systematic review methods which include rigorous qualitative and quantitative criteria to existing scientific literature. Through the application of these methods the Task Force determines whether the body of evidence, sometimes starting with over 10,000 articles and filtering down to the best qualifying studies, supports a recommendation for implementation or a finding that there is insufficient evidence to determine

For those of us in the business of health promotion and disease prevention, at one time or another we need the same. To choose interventions or strategies to implement, or to defend why something is worth continuing or researching. For many years, the field of evidence-based medicine has had the *Guide to Clinical Preventive Services* (Clinical Guide) to help provide evidence on the demonstrated effectiveness of interventions carried out in one on one settings in a clinical environment and include services such as vaccinations, screenings, or counseling. While the effectiveness of the services themselves are helpful, from surveillance we know that the delivery of these services is less than what we would like to achieve. Furthermore, there is a great degree of health promotion and disease prevention that goes on at the community or population level. What would be helpful is a resource to complement the Clinical Guide, one with the same level of systematic rigor that documents the effectiveness of population-based interventions to improve the delivery of preventive services or to improve health through community settings.

You may be pleased to know then that such a resource exists. The Community Guide (www.thecommunityguide.org) is a compendium of evidence-based findings detailing what works,

effectiveness. As of September 2004, there are over 100 published Community Guide findings including over 45 recommended interventions across nine areas:

- vaccine preventable disease
- diabetes
- physical activity
- oral health
- early detection and control of cancer
- motor vehicle occupant injury
- violence prevention
- tobacco prevention and control
- improving health through the social environment (e.g. housing and education).

So what does this mean to you, the busy VA health promotion and disease prevention professional? As systematic reviews, the work done to create Community Guide findings is long, often taking more than 2 years to complete. It does what you wish you had time to do, and wish that you had. The findings available from the Community Guide provide but one component of the tools you need to determine how to improve and/or maintain the health of veterans. Its

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important to remember that these recommendations are to be used in context. Surveillance data, local needs and capacities, resources (such as "how to" information and models) are all important, but the Community Guide findings on "what to do" provide an essential resource to sort out options to improve practice and community health. It might be also important to note that the work of the Task Force is supported through many experts and organizations who provide subject matter expertise. Among these have included Steve Yevich, Mary Burdick, Richard Harvey, and Kristy Straits-Troster from the VA.

More specifically, these findings give you vital findings to draw upon in addressing 2004 VA prevention measures such as:

- Improving breast, cervical and colorectal cancer screening
⇒ See www.thecommunityguide.org/cancer/screening
- Improving the care of patients with diabetes
⇒ See www.thecommunityguide.org/diabetes
- Improving vaccination coverage rates (including influenza and pneumococcal)
⇒ See www.thecommunityguide.org/vaccine
- Improving tobacco prevention and control
⇒ See www.thecommunityguide.org/tobacco

Findings are updated regularly with new recommendations on prevention and control of obesity are due later this Fall and a book version of the Community Guide will be released by Oxford University Press in January 2005. Please bookmark the Community Guide website (www.thecommunityguide.org) and ensure that if you are looking for objective, evidence-based information about what works to improve health, look to the Community Guide for answers.

For more information, please contact Brad Myers at BMyers@cdc.gov.

NOTE: The VA National Center for Health Promotion and Disease Prevention (NCP) serves as VA liaison to the Task Force on Community Preventive Services

MOVE! Progress Report September 2004

***Virginia Zele, MS, RD -
MOVE! Coordinator***

NCP staff are busy working on numerous ***MOVE!*** projects. The pilot site feasibility study is running smoothly with several sites having completed their 6-month trials. Research data are arriving at NCP in preparation for the upcoming interim report on ***MOVE!***. NCP is working on a staff implementation manual and revised CD with patient education materials. Early implementation sites in VISN 8 (Florida) and VISN 2 (upstate New York) will receive a ***MOVE!*** toolkit in October to assist with staff training and site preparation for starting MOVE!.

Recent ***MOVE!*** posters and presentations by NCP staff include: The Department of Defense Force Health Protection Meeting (Aug '04), The American Dietetic Association's Food & Nutrition Conference & Expo (Oct '04), the CDC's National Institute for Occupational Safety and Health *Steps to a HealthierUS Workforce Symposium* (Oct '04), and the North American Association for the Study of Obesity Meeting (Nov '04).

VA Employees Take A Tropical Trip: Hospital Plans Virtual Journey (Excerpt taken from the Finger Lakes Times about VA Employee Wellness in VISN 2, September 22, 2004)

"Employees of the Department of Veterans Affairs Medical Center planned to celebrate a milestone with a virtual tour trip to Hawaii today.

About 100 employees participated in an exercise program that converted their steps, sit-ups and other exertions into mileage to Hawaii. They reached their goal — 2,000 miles — earlier this week.

To celebrate the occasion, staff organized a health, safety and wellness fair. A room was decorated with coconuts, grass skirts and palm trees."

For more information about VISN 2's Employee Wellness Program, please contact Pamela Chester, VA Medical Center, Canandaigua, New York (pamela.chester@med.va.gov)

Ten Rules for a Healthy Heart

1. Know your risk factors for heart disease.
2. Talk to your doctor about reducing your risk of heart disease.
3. Have your blood pressure checked regularly.
4. Know your cholesterol numbers. (These include total cholesterol, HDL or "good" cholesterol, LDL or "bad cholesterol, and triglycerides.)
5. Have your blood sugar level checked for diabetes.
6. Do not smoke cigarettes or use other tobacco products.
7. Eat for your heart health.
8. Get regular physical activity. (At least 30 minutes of moderate physical activity on most or all days of the week.)
9. Aim for a healthy weight.
10. Know the signs and symptoms of heart attack and the importance of seeking medical help immediately.

For more information about Women and Heart Disease (September Prevention Topic), visit the VA National Center for Health Promotion and Disease Prevention website: www.vaprevention.com

Join Us in Highlighting Bones and Joint Decade Awareness Week

October 12-20, 2004

The information sheets about **Bone and Joint Disease** will assist in the education of patients, family, and staff. They can be placed in primary care clinics, lobbies, waiting rooms, women's health clinics, inpatient areas, canteen dining areas, on inpatient food trays, on bulletin boards, **and anywhere else you can think of to capture people's attention.**

Areas of emphasis for this topic include the following topics. Health Promotion Materials for PATIENTS include:

1. Arthritis... - 1-page patient information sheet
2. Osteoporosis... - 1-page patient information sheet
3. Back Pain- 1-page patient information sheet
4. Limb loss (absence of any part of an arm or leg due to surgical or traumatic amputation) is a growing problem with 2% of these traumatic injuries occurring in recent conflicts. Little can be done to prevent some of these injuries. To explore self help and support groups for individuals faced with this issue visit :
<http://healthinfo.health-first.org/library/healthguide/en-us/selfhelp/topic.asp?hwid=shc05>

Bone and Joint Disease Materials may be previewed and printed from our website at:

http://vaww.nchpdp.med.va.gov/MPT_October2004_BJDW.asp

For information about Bones and Joint Diseases visit
www.boneandjointdecade.org/usa

References and Credits:

1. VA National Center for Health Promotion and Disease Prevention
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2. United States Bone and Joint Decade, NFP
www.boneandjointdecade.org/usa

A Struggle With Obesity – My Personal Story (This will be a three-part series of articles detailing my personal experience with obesity and my decision to undergo Gastric Bypass Surgery [GBS])

By Connie F. Lewis

Editor—HealthPOWER! Prevention News

Part 1

I have worked at the VA National Center for Health Promotion and Disease Prevention (NCP) for the past six years. For the past two years, our mission has been to address the issues of overweight/obesity among our veteran population. Somehow, it proved to be a contradiction for me. How in the world can I work for an organization that promotes healthy behaviors, in particular, encourages healthy eating and proper exercise when I was the poster child for obesity?

Overall, our staff tries to walk the talk. Many of them eat healthy and exercise on a regular basis. My exercise consisted of walking out to my vehicle to go eat at any number of fast food restaurants in the area. Of course, I exercised my mouth – by stuffing it with food and chewing, no gulping down my lunch. After finishing my lunch, I would get back in my vehicle, return to work and fight to stay awake for the rest of the afternoon because I had eaten too much for lunch and was sluggish. This was pretty much my routine for all meals. I hate the thought of cooking, although I am a pretty good cook. It is much easier and convenient to eat out, and I enjoyed eating out. Eating out is a social thing for me. My friends will call and invite me to go out to eat. Because I enjoy eating, I never turned down an invitation to eat out. The one thing about my friends – they really do care for me. In the back of their mind, they are thinking that I really need to lose weight, however, they don't realize their contribution to my weight problem by always inviting me to eat out. And keep in mind that these same friends are not struggling with their



This is me in October 2003 for our NCP group photo—one of my last pictures taken prior to surgery.

weight! Yes, we all can learn how to eat healthy at any weight, but it is interesting that the people I break bread with are not the fat people. I, however, have the weight problem. Instead of kindly turning them down or even making wise food choices at these restaurants, I eat what they eat and wham, the pounds pack on and before realizing it the weight has gotten way out of control.

I should not be too critical of myself. I have attempted on any number of occasions to lose weight by healthy eating and regular exercise. On at least two occasions, I've had substantial weight loss by following the Weight Watchers Program. But I am sure you know the rest of this story – the weight came back. I have been battling my weight for most of my life. I started gaining weight around 11 years old, but I grew up at a time when a few pounds was considered "baby fat" and eventually you will lose the weight when you got older. Well, I never lost the "baby fat" and I grew from a fat teen to a fat adult. I have dealt with a few inconsiderate family members and acquaintances, but for the most part I was not hassled about my weight. My parents were always concerned about my weight, but never made me feel inferior because I was overweight. My weight never prevented me from establishing relationships, enjoying hobbies or even gaining employment. At first, my weight did not even affect my health. But that soon changed.

I have a family history of colorectal cancer, hypertension, arthritis and diabetes. Until I turned 34, I was able to escape these conditions – always

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receiving a clean bill of health from my primary care physician. However, I would get the warning that I needed to lose weight before these conditions developed. I did not heed the warning – I was diagnosed with hypertension at age 34. Over the next 6½ years, I was taking two medications for hypertension. My blood/sugar count was slowly climbing, which was an indication that I would face the possibility of developing diabetes. My body ached all of the time. It would take me at least 10 minutes to get out of bed every morning because my joints would be so stiff. I lived on Motrin 800 and was taking up to three tablets a day.



This picture was taken in 1999—I was at my heaviest weight. After getting over the initial shock about how I looked, I decided to join Weight Watchers

very concerned with my health and thought that this was an option, but had its risks. He offered his full support in any decision I made. In addition, I did a lot of on-line research, and talked with several individuals who had the procedure. I was able to get honest feedback regarding the benefits and risks involved in undertaking this procedure. I attended my first bariatric seminar in September 2003 and was able to meet with the surgeon who would perform the procedure. Any questions and concerns that I had were addressed, and all participants were given a package of materials to complete if they were interested in considering bariatric surgery.

Mundane tasks were becoming difficult for me – cleaning my house, walking up stairs, walking from my vehicle to a grocery or department store. Traveling was becoming tiresome and dreadful for me – a five hour car ride to Washington DC to visit my parents was torture; an airplane ride was too confining, in addition to the problem of not being able to fit comfortably in the seats. My last plane ride (August 2003) was very humiliating for me because I had to get a seat belt extension because I was too large to fasten the seat belt across my hips. Walking through the airport to get to the gate was another chore for me.

I was getting discouraged about my increasing weight gain, but was not making the effort to address the issue. For two decades, I had made attempts to lose weight, trying every diet on the market – Weight Watchers, Atkins, Grapefruit, Slim Fast, Starvation, Jenny Craig. I even had my physician write up a prescription for Xenical. I decided that I was not going to be fat for the rest of my days and I needed to get a handle of this weight issue. About a year ago, I started investigating the possibility of GBS. I first discussed my consideration of this procedure with my director, Dr. Steve Yevich. I wanted to find out from him what his thoughts were and whether I should consider having this procedure. He spoke very candidly with me; he was

It was at this time that I knew bariatric surgery was the way to go. The benefits certainly outweighed the risks and I knew that if I was ever going to start feeling better and reclaiming my health, I had no options. I made my decision – I wanted to be considered for bariatric surgery.

(Part 2 of this series will discuss my preparation for surgery)

Mark Your Calendar!

The Preventive Medicine Training Course is tentatively scheduled for March 2005—location will be announced at a future date. Plan to attend...



National Center for Health Promotion

Veterans Health Administration and Disease Prevention



Today is 7/30/2004

NCP

The Center and Staff
Job Openings
VHA Prevention
Coordinators
VISN Preventive
Medicine Leaders
Links
Events
Women's Corner ♀
Prevention Champions

Prevention Topics

Cancer Prevention
Diabetes
Healthy Behaviors
Heart Disease
Infections
Lung Disease
Mental Health

Program Activities

Education
Research
Surveys

Publications

HealthPOWER!
Monthly Prevention
Topics
VHA Handbook

What's New**7/23/2004****NEW SERVICE!!!!**

Check journals for the latest articles right here on the NCP website.

The NCP knows how busy you are, and we've constructed a search mechanism for you to keep up to date on the latest journal articles on prevention. This is updated every Sunday!

Use the BIG Journal Search button on the right. [Check it out...](#)

7/27/2004

The Monthly Prevention Topics for August 2004, **Hearing**, are now available. [more...](#)

7/26/2004

The July 2004 **HealthPOWER!** newsletter is now available. [more...](#)

7/22/2004

The 3rd Quarter 2004 Prevention Champs have been selected. [more...](#)

7/19/2004

The NCP would like to welcome the following new staff members:

- Ken Jones
- Leila Kahwati

[more...](#)**6/16/2004**

The NCP would like to welcome the following new staff members:

- Michael Anderson
- Donald Kirkendall
- Dottie Jones
- David Pattillo
- Jean Orellien

[more...](#)**NCP Top Initiatives:**[Weight Management Initiative](#)**Journal Search****Health Headlines**

2003-2004 Influenza/Pneumococcal Campaign

2003-2004 Adult Immunization Schedule

Annual Conference 2004

FY 2004 Prevention-Related Performance Measures

US Preventive Services Task Force Recommendations

Post Deployment Issues

Relaxation Recording

Continuing Education

AHRQ Pocket Guide

Affiliations**Journal Search**

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Updated every Sunday
One year storage
- * Keep current in prevention
- * One-stop shopping for prevention needs



ASK DR. LINDA

Linda Kinsinger, MD, MPH
Assistant Director
Policy, Program, Training and
Education
VA NCP

Question #1: How many immunizations may be administered to one patient at one time? Is there a reference? I know flu and pneumonia are often administered together.

Answer: Good question! There are almost no contraindications to administering multiple vaccines at the same time to one patient. Any combination of inactivated vaccines or combination of inactivated and live vaccines can be given simultaneously. The only minor restriction applies to live parenteral vaccines (MMR, varicella, yellow fever). Those can be administered simultaneously with each other, but if not, they should be separated by a period of 4 weeks or more (in other words, don't give MMR and varicella 2-3 weeks apart, for example).

The best reference for this is an issue of MMWR from Feb. 2, 2002: <http://www.cdc.gov/mmwr/PDF/rr/rr5102.pdf>. Look on pages 4-5 of the document (pages 6-7 of the PDF file) for the sections entitled "Simultaneous Administration" and "Nonsimultaneous Administration." Note that the bottom of page 4 says, "Simultaneously administering pneumococcal polysaccharide vaccine and inactivated influenza vaccine elicits a satisfactory antibody response without increasing the incidence or severity of adverse reactions. Simultaneously administering pneumococcal polysaccharide vaccine and inactivated influenza vaccine is strongly recommended for all persons for whom both vaccines are indicated."

Question #2: The concern from one of the staff nurses is if administering immunizations together and an adverse reaction occurred (beyond local reaction), how would you know which immunization caused it?

Answer: I appreciate the nurse's concern, but a serious adverse reaction to either one of these vaccines is rare. People who have safely had

influenza vaccinations in the past are very unlikely to have a serious adverse reaction subsequently. Since most people need only one pneumococcal vaccination, there's no past experience to go on, but since they wouldn't ever need another one, there's no concern about future reactions. In balancing potential harms and benefits, the benefit of being sure that a patient who needs both vaccines gets them far outweighs the very small risk of having a serious adverse event and not knowing which vaccine caused it. Separating out the vaccines over 2 visits would probably significantly reduce the chance that the patient would actually get them both.

Thanks for asking!

2004/05 Flu Toolkit Distribution

As promised, NCP mailed out 300+ Flu Toolkits (2 each to the 108 identified Flu Campaign Coordinators and the others to the Chiefs of Staff at facilities without named coordinators) on August 20.

Each Toolkit contains:

- An updated Manual
- Flu shot stickers
- CDC pocket information cards for providers
- CDC laminated adult immunization cards for providers
- Adult wallet immunization cards and
- Posters to aid in the development/maintenance of influenza/pneumococcal immunization programs.

For a virtual tour of the toolkit, check this out:

http://vawww.nchdpd.med.va.gov/FluToolkit_2004.asp

Areas of emphasis for the 2004-2005 season are:

1. Improving staff vaccination rates
2. Correct vaccine administration techniques
3. Pneumococcal vaccination, for appropriate patients
4. Decreasing racial and ethnic disparities in vaccination rates

The Flu Toolkit will be formally evaluated at the end of flu season. Please notify NCP (Rosemary Strickland—rosemary.strickland@med.va.gov) if you are the newly designated flu campaign coordinator to be added to the contact list.

NCP Bids "Farewell" to Jackie Howell



Dr. Yevich presents Jackie with certificate

Ms. Jacqueline Howell, RN, BSN, MPH, retired 30 SEP 04, after an innovative and illustrious, but humbly self-sacrificing 30 year career in VA. Her interest began at age 11 when she was exposed to VA when visiting her Uncle in Durham VAMC Neurosurgery. Jackie had wanted to become a nurse from an early age, when she admired a local nurse whose efforts made such a difference to her family and neighbors. Jackie followed through on her dream and became a nurse.

In 1974, Jackie received her MPH from the UNC School of Public Health in Chapel Hill, NC, just prior to joining the VA Nursing Staff. She initiated numerous projects and established several positions for the first time at the Durham VAMC -- all of which were beneficial to veterans and VA (not only designed to make healthcare more easily deliverable to veterans, but also increasing VA's service to vets while also producing a cost-savings to the government). She never lost sight of her early years, trusted her instincts, and always attended to the things that are most important to "regular folks".

Always an advocate for the patient, Jackie worked in Out Patient, Quality Assurance, In-Patient, Mental Health, Community Health -- spanning Clinical Nursing, administration, education, and even research. Jackie also advocates for staff. She has always been the voice of reason and projects calm and objectivity, even in the eye of a storm. Jackie also served as an advanced EEO investigator. Jackie reflects that it is "important that employees ...be allowed to be creative and be allowed to contribute,

and not be stifled"... offering that "participation by staff in development of policies, directives and regulations that come from Headquarters means a lot to employees". Jackie observed this allows them the opportunity to grow and excel, and that is very important to VA employees.

Jackie participated as a field liaison on two national committees (Hospice Task Force and VA Co-Pay Task Force). One of her most memorable moments was participating on a research study as a co-investigator on Shared Leadership. These findings were later published in the Journal of Nursing Administration.



Linda Kinsinger, Jackie Howell and Mary Burdick

Jackie has worked for the past year at NCP with the Policy, Programs, Education and Training section, developing prevention patient education materials for My Health-e-Vet and working with

the *MOVE!* weight management/physical activity initiative. Both projects allowed her to work creatively and to use her well-honed writing skills. After 30 years of exemplary service, she will be greatly missed by VA and NCP.

By NCP Staff



NCP Staff with Jackie on her last day

MOVE! VISN 8 Early Implementation Meeting at NCP

Kenneth Jones, PhD
Program Manager, MOVE! - VA NCP



NCP hosted a *MOVE!* (Managing Overweight/Obesity for Veterans Everywhere) Implementation Meeting with Champions from four centers of Sunshine/VISN 8 on August 30-31, 2004. Attendees included Patricia Mossop, MD and Norma Figueroa, RN, from Tampa; Deborah Ingram, RN, PhD and Lynnette Boyer (Primary Care AO) from North Florida/South Georgia; Daniel Kasprzyk, MD from Bay Pines; Mrinali Sehgal, MD from Miami; and the staff of NCP. The goals of the meeting were to review the content and format of *MOVE!*, to develop an implementation timeline, and to identify barriers which need to be overcome prior to launching the program. The timeline for early implementation was established (launch planned for late fall '04). Key tools for implementation were identified including the need to integrate the results



of the *MOVE!* 23! (computerized assessment) into CPRS. The Florida team asked for a brief, concise version of the *MOVE!* Pilot Site Manual from the NCP team. NCP is presently completing the *MOVE!* Quick Start Manual to address this need. The Quick Start Manual will contain the core patient interaction elements of *MOVE!* for clinicians and information for administrators so that they can set up telephone, individual, and class clinics. Dr. Ken Jones, NCP's *MOVE!* program manager, will be meeting with the Florida team at their ambulatory/primary care conference in November. Mr. Gray, the new VISN 8 Director, has voiced his support for *MOVE!* and Florida/NCP leading the way for VHA in addressing what is rapidly becoming the most prevalent cause of health care problems for veterans.



VA Weight Management/Physical Activity Executive Council Meeting

Richard Harvey, PhD
Assistant Director, Preventive Behavior

The NCP will host a meeting of the VA Weight Management/Physical Activity Executive Council in Chapel Hill NC, on October 13th and 14th. The Executive Council is comprised of nineteen of the nation's leading experts in weight management and physical activity, as well as NCP staff members. The Council provides the NCP with expert scientific guidance on the *MOVE!* program and related NCP weight management activities. The Council's guidance provides assurance that the *MOVE!* program is consistent with the latest scientific evidence. Also attending the meeting are the program leaders from the 17 *MOVE!* pilot sites, and personnel from VISNs 8 & 2, who will be conducting an early implementation of *MOVE!* Findings and lessons learned from the pilot trials will be reviewed, as well as the latest versions of the *MOVE!* computerized assessment and the "Quick Start" program manual. Proceedings from the meeting will be sent forward through the chain of command for review by Drs. Agarwal and Kussman, and the Acting Under Secretary for Health, Dr. Jonathan Perlin.

Prevention Champion Awards 4th Quarter Winners



Clinical "Hands On"
Ms. Marlene Gush
VA Medical Center
Bath, New York
VISN 2

Ms. Gush has made a difference by making a significant contribution to women's health promotion/disease prevention. She is

a true advocate for women's health care. Ms Gush instituted a half-day per month rural Women's Clinic to provide education and care pertaining to women's health issues such as self breast examinations, Pap smears, mammography, osteoporosis, sexually transmitted diseases, urinary incontinence, and domestic violence awareness.

With the assistance of her teammates, she has developed an assessment tool and template for the Women's Health Program. She also developed an evaluation/survey to be given to each woman veteran to be filled out at her leisure and returned by mail; this enables her to make ongoing changes in the clinic. A follow-up letter for Pap smears is routinely mailed out as well. Ms. Gush has high regard for each veteran's privacy and ensures it.

There have been measurable outcomes as a result of her efforts; responses from the women veterans indicate they are pleased with the clinic and want more clinic time to be made available to them.

Ms. Gush's bright smile and willingness to seek new information place her in a league of extraordinary women.

Congratulations to Ms. Gush



Administrative "Behind the Scenes"
Dr. Chona Macalindong
VA South Georgia/
North Florida
Healthcare System
VISN 8

Dr. Macalindong has played a major role in facilitating achievement of fully

satisfactory, if not exceptional, scores for several of the system's VHA performance measures mandates. Currently, the system has exceptional performance measure scores in cancer screening (breast, cervical, colorectal), heart failure, hypertension, endocrinology (diabetes care), hepatitis C screening and testing, pneumococcal vaccination, alcohol use screening, and tobacco use.

At the facility level, Dr. Macalindong is an active participant in several preventive medicine related activities. At the VISN level, Dr. Macalindong is also an active participant in the VISN 8 Clinical Reminders Workgroup, and the VISN 8 Breast, Cervical, and Colon Cancer Screening Task Force. She serves as an important liaison person for coordinating multi-service interventions to meet a specific performance mandate. Dr. Macalindong works closely with the CPRS Clinical Informatics Team, actively participating in clinical reminder dialog evaluation and identifying measure items that could be aided by clinical reminder report mechanisms.

Dr. Macalindong has also been an active participant in the new Employee Wellness Committee, spearheading the Employee Wellness Needs assessment survey, with the goal of evaluating specific health habits as well as establishing priorities for perceived wellness needs of the employee community.

Congratulations to Dr. Macalindong



Prevention Champion Team Award

"Primary Care Team #11"

(left to right: Cristine Henderson, Dr. Tom Maddock, Dee Purcell)

VA Medical Center

Fayetteville, Arkansas

VISN 16



This primary care team serves as clinic panel of 1,200 primary care patients as well as managing the Spinal Cord Injury Clinic. This team played a significant role in the health promotion and disease prevention issues relating to hypertension. All of the team members consistently and diligently championed prevention issues with primary focus on blood pressure readings. Their goal was to improve the health status of their veteran population by focusing on their medical treatment plan for hypertension and patient/family education to result in lower blood pressure readings which were within their facility's performance measurement parameters. From October 2003 to June 2004, the primary care team increased their percentage of controlled blood pressure patients from 55% to an overwhelming successful 89%. This was without additional cost to the medical center.

Congratulations to "Primary Care Team #11"



Making a Difference in the Year 2005

The VA NCP wishes to congratulate past winners of the Prevention Champion Award.

In Fiscal Year 2005, two new awards will be introduced, in addition to the Prevention Champion/Team Award: the Silver Star Award (presented to a manager nominated by a Prevention Champion); the Team Employee Wellness Award (presented to the team who has made significant contributions in the field of employee wellness).

Please take a few moments to nominate a worthy colleague, friend, acquaintance, team or yourself! Nominate the individual or team which has contributed significantly in ideas, time, energy, and effort in the field of Prevention and Health Promotion in the Veterans Health Administration. A very brief informal summary of contributions should be submitted with the nomination form. Please be sure to include specific outcomes or measures.

A description of each award and the nomination form with deadline submissions can be found on the following pages of this newsletter.

Nominate your colleague(s)! The winners will be featured in the HealthPOWER! Prevention News.

Making a Difference in the Year 2005 Prevention Champion (Individual and Team)

*The VA National Center for Health Promotion and Disease Prevention is pleased to announce the quarterly **National Prevention Champion Award (Individual and Team)**, which will be presented to one VA employee per quarter in recognition of meritorious and distinguished accomplishments in the field of Prevention and Health Promotion in the Veterans Health Administration*

Please write a brief description (limit narrative to 1-2 pages and address achievements within the past 12 months) regarding your nomination (on reverse side/blank sheet). Justification factors you may consider:

- ♣ Someone who has made significant contributions in the field of health promotion and disease prevention (clinical, education, research)
- ♣ Someone who has done an excellent job in a function or on a project related to prevention/health promotion
- ♣ Someone who has taken initiative, shown innovativeness, persistence, has an impact and/or made a difference in prevention/health promotion to veterans served
- ♣ Someone you feel worthy of such an award, maybe a leader, a helper, a shaker and a mover who makes the impossible happen

Silver Star Award [the winner of the Prevention Champion (Individual) Award nominates a superior for this award]

*The VA National Center for Health Promotion and Disease Prevention is pleased to announce the quarterly **Silver Star Award**, which will be presented to one individual (meeting the criteria listed below) **named by each Prevention Champion selected (Clinical and Administrative)** per quarter in recognition of their encouragement and support of the Prevention Champions in the Veterans Health Administration*

Prevention Champion winners will be asked to indicate the name of the higher-level individual who has been instrumental in helping that person achieve the status of Prevention Champion. Justification factors to consider:

- ♣ Someone who has made a difference to you
- ♣ Someone who has facilitated career growth
- ♣ Someone who has encouraged the individual to be a prevention champion
- ♣ Someone deemed worthy of such an award, a shaker and a mover who makes the impossible happen
- ♣ This individual may function in an administrative, supervisory, teaching or mentoring capacity

Making a Difference in the Year 2005 Employee Wellness Champion (Team)

*The VA National Center for Health Promotion and Disease Prevention is pleased to announce the quarterly **Team Employee Wellness Champion Award**, which will be presented to one VA team per quarter in recognition of meritorious and distinguished accomplishments in the field of Employee Wellness in the Veterans Health Administration*

Please write a brief description (limit narrative to 1-2 pages and address achievements within the past 12 months) regarding your nomination (on reverse side/blank sheet). Justification factors you may consider:

- ♣ Someone who has made significant contributions in the field of employee wellness
- ♣ Someone who has done an excellent job in a function or on a project related to employee wellness
- ♣ Someone who has taken initiative, shown innovativeness, persistence, has an impact and/or made a difference in employee wellness to VA staff served
- ♣ Someone you feel worthy of such an award, maybe a leader, a helper, a shaker and a mover who makes the impossible happen
- ♣ Only teams will be considered for this award

2005 Award Nomination Form

Prevention Champion, Prevention Champion (Team), Employee Wellness (Team)

☐ Prevention Champion ☐ Prevention Champion (Team) ☐ Employee Wellness (Team)

☐ Clinical

☐ Administrative

Name of Nominee: _____

Position Title: _____

Where Employed: _____

Service, Department, Unit	Work Phone #	Email Address
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Immediate Supervisor: _____

Printed Name	Signature	Work Phone #
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The winners will receive:

****A Special Award****Recognition in the HealthPOWER! Prevention News and the Magazine of Ambulatory and Primary Care******Recognition at the Annual Prevention Conference******Recognition on the NCP Website showcasing accomplishments******

1st Quarter

Submission deadline: December 15, 2004
Award announcement: January 15, 2005

2nd Quarter

Submission deadline: March 15, 2005
Award announcement: April 15, 2005

3rd Quarter

Submission deadline: June 15, 2005
Award Announcement: July 15, 2005

4th Quarter

Submission deadline: September 15, 2005
Award announcement: October 15, 2005

You may submit nomination forms via:

Website: www.vaprevention.com
E-mail: rosemary.strickland@med.va.gov
Fax: 919-383-7598
Mail: NCP

Attn: Rosemary Strickland
3022 Croasdaile Drive, Suite 200
Durham, NC 27705
Questions? Please call 919-383-7874
Ext. 233 (Connie) or Ext. 239 (Rosemary)



WE'VE MOVED!!

**See our new
address below:**



VA National Center for Health Promotion
and Disease Prevention
3022 Croasdale Drive, Suite 200
Durham, NC 27705

Putting Prevention Into Practice in the VA

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